

CLAIMS ONLY						Application Number <b>10656327</b>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*      *      *
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
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7							
8							
9							
10	1						
11		1					
12		1					
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48							
49							
50							
Total Indep	2						
Total Depend	12						
Total Claims	14						